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	Application Number	10/621,722		
TRANSMITTAL	Filing Date	July 18,2003		
FORM	First Named Inventor	Eric A. Metz et al	.I	
	Art Unit	2636		
be used for all correspondence after initial filing)	Examiner Name	George A. Bugg		
al Number of Pages in This Submission	Attorney Docket Number	12 535		

Total Number of Pages in This Submiss	ion Attended Booker Hamber	12,535	
	ENCLOSURES (Check all ti	hat apply)	
Fee Transmittal Form X Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Reque Information Disclosure Statem Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or	Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	After Allowance Communication to Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):	TC
SI	GNATURE OF APPLICANT, ATTOR	NEY. OR AGENT	
Firm Name	m W. Haefliger		
Printed name Will	iam W. Haefliger		
Date Feb. 2	, 2005	eg. No. 17,120	
	CERTIFICATE OF TRANSMISSIO	DN/MAILING	
I hereby certify that this correspondent sufficient postage as first class mail in the date shown below: Signature	e is being facsimile transmitted to the USPTO an envelope addressed to: Commissioner for F	or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or	ก 1

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William W. Haefliger

Date

Feb. 7,2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	10/621,722		
FEE TRAN	19MIIIAL	Filing Date	July 18,2003		
For FY 2005		First Named Inventor	Eric A. Metz et al		
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	George A. Bugg		
/ phicarit damis small entity s	tatus. See 57 Crix 1.27	Art Unit	2636		
TOTAL AMOUNT OF PAYMENT	(\$) 400	Attorney Docket No.	12,535		
METHOD OF DAVMENT (short	t all that analy)	· · · · · · · · · · · · · · · · · · ·			

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METHOD OF PAYMEN	IT (check a	il that apply)						
Check Credit	Card	Money Order	None	Other (please identify	·):		
Deposit Account	Deposit Account Deposit Account Number: Deposit Account Name: 08-0118							
For the above-ident	lified deposit	account, the Di	rector is here	by authorized t	o: (check all th	hat apply)		
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FEE CALCULATION								
1. BASIC FILING, SEA	FILING			CH FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65	 _	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE Fee Description Each claim over 20 or, for Each independent claim	or Reissues						Fee (\$) 50	Small Entity Fee (\$) 25 100
Multiple dependent clain	ns		•				360	180
<u>Total Claims</u> 18 - 20 or HP =	Extra Claim		Fee P	<u>aid (\$)</u> -		ependent Clair		
HP = highest number of total	daims paid fo	X or, if greater than 2	 =	"	Fee (\$)	<u>F88 P</u>	'aid (\$)	
Indep. Claims 7 - 3 or HP = HP = highest number of indep	Extra Claim 4 pendent claims	× 100	= 400		,			
3. APPLICATION SIZE If the specification and for each additional	l drawings 50 sheets o	or fraction the	reof. See 3:	5 U.S.C. 41(a	(1)(G) and	37 CFR 1.16(s).	nall entity)
<u>Total Sheets</u> - 100 =	Extra She	<u>ets</u> <u>Nun</u> / 50 =		(round up to a			<u>(\$)</u>	Paid (\$)
4. OTHER FEE(S) Non-English Specifi	cation, \$				whole hambe	., ^		es Paid (\$)
Other:								

SUBMITTED BY			
Signature	mulh	Registration No. (Attorney/Agent) 17,120	Telephone 323 684-2707
Name (Print/Type)	William W.Haefliger		Date Feb. 7, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.